Fill in this information to identify your case:					
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS					
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13				

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Y	Your full name		
ç i	Write the name that is on your government-issued picture dentification (for example,	Marcos First Name	Frances First Name R
•	our driver's license or oassport).	Middle Name	Middle Name
	, , , ,	Leyva	Leyva
	Bring your picture dentification to your meeting	Last Name	Last Name
٧	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. /	All other names you		
_	nave used in the last 8 /ears	First Name	First Name
	nclude your married or	Middle Name	Middle Name
r	maiden names.	Last Name	Last Name
	Only the last 4 digits of your Social Security	xxx - xx - <u>6</u> <u>5</u> <u>8</u> <u>4</u>	xxx - xx - <u>4</u> <u>4</u> <u>9</u> <u>4</u>
_	number or federal ndividual Taxpayer	OR	OR
I	dentification number	9xx - xx	9xx - xx

Deb	otor 1	Marcos First Name	Leyva Middle Name Last Name	Case number (if known)
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	and E	usiness names mployer	✓ I have not used any business names or EIN	s. I have not used any business names or EINs.
	(EIN)	fication Numbers you have used in st 8 years	Business name	Business name
	Includ	e trade names and	Business name	Business name
	doing	business as names	Business name	Business name
			EIN	EIN
			<u></u>	EIN
5.	Where	e you live		If Debtor 2 lives at a different address:
			316 East Webb St.	
			Number Street	Number Street
			Crystal City TX 78839	
			City State ZIP Code	City State ZIP Code
			Zavala County	County
			•	•
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.
			PO Box 358	
			Number Street	Number Street
			P.O. Box	P.O. Box
			Crystal City TX 78839	F.O. B0X
			City State ZIP Code	City State ZIP Code
6.		ou are choosing	Check one:	Check one:
	bankr		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
Р	art 2:	Tell the Court	About Your Bankruptcy Case	
7.	Bankr	hapter of the ruptcy Code you	Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top of	otice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box.
	are ch under	noosing to file	Chapter 7	
			Chapter 11	
			Chapter 12	
			Chapter 13	

Deb	otor 1 Marcos		Leyva	Case number (if know	n)
	First Name	Middle Name	Last Name	,	
8.	How you will pay the fee	cou	Il pay the entire fee when I file my pert for more details about how you may pay with cash, cashier's check, or money calf, your attorney may pay with a credit	pay. Typically, if you are order. If your attorney is s	paying the fee yourself, you may submitting your payment on your
			ed to pay the fee in installments. If y viduals to Pay Your Filing Fee in Instal	•	•
		By late than fee	quest that my fee be waived (You ma aw, a judge may, but is not required to, a 150% of the official poverty line that a in installments). If you choose this opt ag Fee Waived (Official Form 103B) an	waive your fee, and may applies to your family size ion, you must fill out the a	y do so only if your income is less and you are unable to pay the Application to Have the Chapter 7
9.	Have you filed for	□ No			
	bankruptcy within the last 8 years?	✓ Yes			
	·	District 1	Western District of Texas, San A	nton When 07/01/2011	
		District _		When	Case number
		District _		When	Case number
10.	Are any bankruptcy cases pending or being	☑ No			
	filed by a spouse who is	☐ Yes			
	not filing this case with you, or by a business	Debtor		Relatio	nship to you
	partner, or by an affiliate?	District _		When MM/DD/YY	Case number, YY if known
		Debtor _		Relatio	nship to you
		District _		When	Case number,
11.	Do you rent your residence?	✓ No. ☐ Yes	Go to line 12. Has your landlord obtained an evict residence?	ion judgment against you	and do you want to stay in your
			No. Go to line 12. Yes. Fill out Initial Statement A and file it with this bankruptcy		ent Against You (Form 101A)

Deb	tor 1	Marcos First Name	1iddle N	lame	Leyva Last Name	Case number (if	known)		
P	art 3:	Report About Ar	ıy Bu	ısine	sses You Own as a	a Sole Proprietor			
12. Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		✓ No. Go to Part 4.✓ Yes. Name and location of business							
		ness you operate as an ridual, and is not a arate legal entity such as rporation, partnership, or			Name of business, if any Number Street				
	sole pro	ave more than one prietorship, use a a sheet and attach it etition.			Health Care Busin Single Asset Rea Stockbroker (as d	box to describe your business: ness (as defined in 11 U.S.C. § 1 I Estate (as defined in 11 U.S.C. lefined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101	§ 101(51B	ZIP Cod	de
13.	Chapte Bankru are you	apter 11 of the conkruptcy Code and ne you a small business o			opropriate deadlines. If you	the court must know whether yo you indicate that you are a small lent of operations, cash-flow stat of exist, follow the procedure in 1	business d tement, and	lebtor, you d federal inc	must attach your come tax return
	debtor	debtor?		No.	I am not filing under Cl	napter 11.			
		definition of small ess debtor, see		No.	I am filing under Chapt the Bankruptcy Code.	ter 11, but I am NOT a small bus	iness debto	or accordin	g to the definition in
	11 U.S.	C. § 101(51D).		Yes.	I am filing under Chapt Bankruptcy Code.	ter 11 and I am a small business	debtor acc	cording to th	ne definition in the
P	art 4:	Report If You Ov	vn or	· Hav	e Any Hazardous F	Property or Any Property	That Ne	eds Imm	ediate Attention
14.	propert alleged immine	own or have any y that poses or is to pose a threat of nt and identifiable		No Yes.	What is the hazard?				
	safety? any pro	to public health or Or do you own perty that needs ate attention?			If immediate attention	is needed, why is it needed?			
	perishai livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street			
						City		State	ZIP Code

First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to	receive	a briefing	abou
credit counseling b			

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	otor 1	Marcos First Name Answer These	Middle N	Leyva ame Last Name ons for Reporting Po	urpos	Case number (if	know	n)
16.	What ki	ind of debts do you	16a.	•	dual pr	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b. 16c.	money for a business or No. Go to line 16c. Yes. Go to line 17.	invest	ment or through the operation the that are not consumer or but	of th	
17.	Are you	u filing under r 7?				ter 7. Go to line 18.		
	any exe exclude adminis are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors?		ŭ	•	•	•	xempt property is excluded and to distribute to unsecured creditors?
18.		any creditors do timate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you te your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How m	uch do you		\$0-\$50,000		\$1,000,001-\$10 million		\$500,000,001-\$1 billion

\$10,000,001-\$50 million

\$50,000,001-\$100 million

\$100,000,001-\$500 million

estimate your liabilities to

be?

\$50,001-\$100,000

\$100,001-\$500,000

\$500,001-\$1 million

 $\overline{\mathbf{V}}$

\$1,000,000,001-\$10 billion

\$10,000,000,001-\$50 billion

☐ More than \$50 billion

Debtor 1 Marcos Leyva Case number (if known) Last Name Last Name

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Marcos Leyva

Marcos Leyva, Debtor 1

Executed on <u>11/04/2016</u> MM / DD / YYYY

X /s/ Frances R Leyva

Frances R Leyva, Debtor 2

Executed on 11/04/2016 MM / DD / YYYY

Debtor 1	Marcos		Leyva	Case number (if known	wn)				
	First Name	Middle Name	Last Name						
	ittorney, if you are ed by one	eligibility to p	proceed under Chapter 7, 1		re informed the debtor(s) about tates Code, and have explained the so certify that I have delivered to				
f you are not represented by an attorney, you do not need o file this page.			the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) app certify that I have no knowledge after an inquiry that the information in the schedules filed with the is incorrect.						
		X /s/ Heid Signature	i McLeod e of Attorney for Debtor	Date	= 11/04/2016 MM / DD / YYYY				
		Heidi M							
		Printed n Heidi M	ame cLeod Law Office						
		Firm Nan 3201 Ch	ne nerry Ridge Rd Ste C 3	00					
		Number	Street						
		San Ant	tonio	TX	78230				
		City		State	ZIP Code				

Contact phone (210) 853-0092

13764700 Bar number Email address heidimcleodlaw@gmail.com

State

Fill in this	information to id	entify your case	and this filing:			
Debtor 1	Marcos		Leyva			
	First Name	Middle Name	Last Name			
Debtor 2	Frances	R	Leyva			
(Spouse, if fili	ng) First Name	Middle Name	Last Name			
United States	Bankruptcy Court for	the: WESTERN DIS	TRICT OF TEXAS			
Case number				☐ Check	if this is an	
(if known)				_	ed filing	
Official Fo	rm 106A/B					
Schedule	A/B: Property				12/15	
Part 1: 1. Do you ov	both are equally resorm. On the top of an Describe Each Rown or have any legal Go to Part 2.	ponsible for supplyir y additional pages, v esidence, Buildin or equitable interest	e as complete and accurate as ng correct information. If more write your name and case num g, Land, or Other Real Es in any residence, building, land	space is needed, attach a s ber (if known). Answer eve state You Own or Have	separate ry question.	
✓ Yes.	Where is the property	?				
1.1. 316 E. Webb 78839	Street, Crystal City	, TX Check all t	e property? hat apply. -family home	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims	ms on Schedule D:	
Homestead		Duples Condo	or multi-unit building minium or cooperative	Current value of the entire property?	Current value of the portion you own?	
		=	actured or mobile home	\$95,000.00	\$95,000.00	
County		Timesl	ment property nare 316 E. Webb Street, Crysta	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.		
		_	in interest in the property?	Fee Simple		
		Check one				
		☐ Debtor ☑ Debtor	1 only 2 only 1 and Debtor 2 only t one of the debtors and another	Check if this is comm (see instructions)	unity property	
			rmation you wish to add about dentification number:	this item, such as local	_	
	-	•	of your entries from Part 1, incl te that number here	_	\$95,000.00	
Part 2:	Describe Your Ve	hicles				
-		•	any vehicles, whether they are also report it on Schedule G: Exe	_	-	
3. Cars, van	s, trucks, tractors, sp	oort utility vehicles, n	notorcycles			
□ No ▽ Yes						

Debte	or 1 Marcos First Name	Middle Name	Leyva (Case number (if known)	
2.4	riist Name	Wildle Name		De net deduct consul desi	Dut the
3.1. Make	·	Mitsubishi	Who has an interest in the property? Check one.	Do not deduct secured clair amount of any secured clair	
Mode		Eclipse	Debtor 1 only	Creditors Who Have Claims	
Year:		2007	Debtor 2 only	Current value of the	Current value of the
		2001	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	oximate mileage:		At least one of the debtors and anoth	ner \$100.00	\$100.00
	r information:	lipse does not run	Check if this is community propert (see instructions)	ty	
3.2. Make):	Chevrolet	Who has an interest in the property? Check one.	Do not deduct secured clair amount of any secured clair	ms on Schedule D:
Mode	el:	Camaro	Debtor 1 only	Creditors Who Have Claims	
Year:		2010	Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Appro	oximate mileage:		✓ Debtor 1 and Debtor 2 only✓ At least one of the debtors and anoth		\$11,000.00
Other	r information:			Ψ11,000.00	Ψ11,000.00
2010	Chevy Camar	0	Check if this is community properties (see instructions)	ty	
3.3. Make	»:		Who has an interest in the property? Check one.	Do not deduct secured clair amount of any secured clair	ms on Schedule D:
Mode	el:		Debtor 1 only	Creditors Who Have Claims	
Year:			☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Appro	oximate mileage:		At least one of the debtors and anoth		\$100.00
2004 Prop	-	a (Does not Run kips and Needs	Check if this is community propert (see instructions)	ty	
3.4. Make			Who has an interest in the property? Check one.	Do not deduct secured clair amount of any secured clair	·
Mode	el:		Debtor 1 only	Creditors Who Have Claims	Secured by Property.
Year:			Debtor 2 only	Current value of the	Current value of the
Appro	oximate mileage:		Debtor 1 and Debtor 2 only	entire property?	portion you own?
	r information:		At least one of the debtors and anoth	ner \$500.00	\$500.00
1979	Chevy-Does n	ot run	Check if this is community propertions (see instructions)	ty	
	•	•	and other recreational vehicles, other value watercraft, fishing vessels, snowmobiles	•	
	☑ No □ Yes				
			own for all of your entries from Part 2, in Part 2. Write that number here		\$11,700.00
Pa	rt 3: Descr	ibe Your Personal a	and Household Items	•	
Do y	ou own or have a	any legal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	_	s and furnishings appliances, furniture, line	ens, china, kitchenware		
	☐ No ☑ Yes. Describ	e Household Good	ds		\$2,500.00

Deb	tor 1 Marcos First Name	Middle Name	Leyva Last Name	Case number (if known)	
7.	Electronics Examples: Televi	sions and radios; audio, v	video, stereo, and digital eq	uipment; computers, printers, scanners; , cameras, media players, games	
	☐ No ☑ Yes. Describ	e electronics			\$500.00
8.		es and figurines; painting	gs, prints, or other artwork; lollections; other collections	pooks, pictures, or other art objects; memorabilia, collectibles	
	✓ No ☐ Yes. Describ	э			
9.	Examples: Sports	. • .	and other hobby equipmer tools; musical instruments	t; bicycles, pool tables, golf clubs, skis;	
	✓ No✓ Yes. Describ	э			
10.	•	s, rifles, shotguns, ammu	nition, and related equipme	nt	
	✓ No ☐ Yes. Describ	∋			
11.		day clothes, furs, leather	coats, designer wear, shoe	s, accessories	
	☐ No ☑ Yes. Describ	∍ Clothing			\$500.00
12.	Jewelry Examples: Every gold, s		elry, engagement rings, wed	lding rings, heirloom jewelry, watches, gems,	
	☐ No ☑ Yes. Describ	Jewelry			\$100.00
13.	Non-farm animal Examples: Dogs,	s cats, birds, horses			
	✓ No ☐ Yes. Describ	3			
14.	did not list	al and household items	s you did not already list,	ncluding any health aids you	
	Yes. Give sp information				
15.		•		y entries for pages you have	\$3,600.00
Pa	ort 4: Descr	ibe Your Financial <i>i</i>	Assets		
Do y	ou own or have a	ny legal or equitable in	terest in any of the followi	ng?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money petitio	•	in your home, in a safe dep	osit box, and on hand when you file your	
	✓ No Yes			Cash:	

Deb	tor 1	Marcos		Leyva	Case number (if known)					
		First Name	Middle Name	Last Name	· · · · · ·					
17.		Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.								
	П	No								
	ш.	Yes	Institutio	on name:						
		17.1. Checking a	ccount: Securi	ty Service Federal C	redit Union-Checking Account	\$500.00				
		17.2. Savings ac	count: Securi	ty Service Federal C	redit Union-Saving Account	\$5.00				
18.			r publicly traded sto	cks with brokerage firms, mo	oney market accounts					
	س	No Yes	Institution or issue	er name:						
19.	Non	-publicly traded sto	ck and interests in i	ncorporated and uninc	orporated businesses, including					
			artnership, and joint	venture						
		No Yes. Give specific information about them	. Name of entity:		% of ownership:					
			•		•					
20.	Neg	otiable instruments in	nclude personal check		egotiable instruments missory notes, and money orders. by signing or delivering them.					
	$ \sqrt{} $	No	•							
	_	Yes. Give specific information about them	. Issuer name:							
21.	Reti	Retirement or pension accounts								
		•	RA, ERISA, Keogh, 40	01(k), 403(b), thrift savin	gs accounts, or other pension or					
		No								
	ب	Yes. List each	Time of accounts	lastitution none.						
	•	account separately.	Type of account:	Institution name:						
				n: 401(k) or similar		\$2,000.00				
			Pension plan:	Pension plan TM	RS	\$3,328.00				
22.	Youi Exai com	mples: Agreements panies, or others	deposits you have ma		ntinue service or use from a company ectric, gas, water), telecommunications					
		No Yes		Institution name or indiv	idual:					
23	_				i, either for life or for a number of years)					
20.	$\overline{\mathbf{V}}$	No	Issuer name and o		, entire for the a number of years)					
24.	_				ogram, or under a qualified state tuition program.					
	26 U	J.S.C. §§ 530(b)(1), 5	529A(b), and 529(b)(1)							
			Institution name a	nd description. Separat	ely file the records of any interests. 11 U.S.C. § 521(c)					
25.	Trus		ure interests in prope		ng listed in line 1), and rights or					
		No								
		Yes. Give specific information about the	em							

Deb	otor 1 Marcos	Leyva	Case number (if known)	
		iddle Name Last Name			
26.	Examples: Internet domain nam	ks, trade secrets, and other intellectual pro- nes, websites, proceeds from royalties and lic	• •		
	✓ No ☐ Yes. Give specific				
	information about them				
27.	Licenses, franchises, and othe Examples: Building permits, exc	er general intangibles clusive licenses, cooperative association hold	dings, liquor licenses, professio	onal licen	ses
	☑ No				
	Yes. Give specific information about them				
Mo	ney or property owed to you?				Current value of the portion you own? Do not deduct secured
					claims or exemptions.
28.	Tax refunds owed to you				
	□ No				\$200.00
	Yes. Give specific information about them, including wheth	ion Federal: 2016 tax refund. Amt: \$8	300.00	Federal	
	you already filed the returns			State:	\$0.00
	and the tax years			Local:	\$0.00
29.	Family support				
	Examples: Past due or lump su	m alimony, spousal support, child support, m	aintenance, divorce settlemen	t, property	y settlement
	✓ No		A.P		#0.00
	Yes. Give specific informat	ion	Alimony:		\$0.00
			Maintenar	ice:	\$0.00
			Support:		\$0.00
			Divorce se	ettlement:	\$0.00
			Property s	ettlemen	t: \$0.00
30	Other amounts someone owes	s vou			
50.	Examples: Unpaid wages, disal	oility insurance payments, disability benefits, al Security benefits; unpaid loans you made t		s'	
	☑ No				
	Yes. Give specific information	ion			
31.	Interests in insurance policies Examples: Health, disability, or	s life insurance; health savings account (HSA)	; credit, homeowner's, or rente	r's insura	nce
	□ No				
	Yes. Name the insurance company of each policy				
	and list its value	Company name:	Beneficiary:	Su	rrender or refund value:
		Debtor's Term Life Insurance			Unknown
		Debtor's Accidental Death Life			
		Insurance			Unknown
32.	Any interest in property that is	s due you from someone who has died			
	If you are the beneficiary of a liver entitled to receive property because	ring trust, expect proceeds from a life insuran ause someone has died	ce policy, or are currently		
	✓ No ✓ Yes. Give specific information	ion			

Deb	tor 1 Marcos First Name	Leyva Middle Name Last Name	Case number (if known)	
33.		ies, whether or not you have filed a lawsuit	or made a demand for payment	
		ployment disputes, insurance claims, or rights	to sue	
	✓ No Yes. Describe each c	laim		
34.	Other contingent and un rights to set off claims	liquidated claims of every nature, including	counterclaims of the debtor and	
	✓ No✓ Yes. Describe each c	laim		
35.	Any financial assets you	did not already list		
	✓ No Yes. Give specific inf	ormation		
36.		II of your entries from Part 4, including any e that number here		\$6,633.00
P:	art 5: Describe Any	Business-Related Property You Ow	n or Have an Interest In I ist anv	real estate in Part 1
	Describe Any	Submiced Related Froperty Fou On	If of Flave all interest in. List any	Tour cotate in Fait 1
37.	Do you own or have any	legal or equitable interest in any business-	related property?	
	No. Go to Part 6. Yes. Go to line 38.			
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable or o	commissions you already earned		or overnbrone.
	☑ No			
	Yes. Describe			
39.		hings, and supplies ed computers, software, modems, printers, co electronic devices	piers, fax machines, rugs, telephones,	
	No No			
4.0	Yes. Describe			
40.	_ ,,	pment, supplies you use in business, and t	ools of your trade	
	✓ No ☐ Yes. Describe			
41.	Inventory			
	✓ No ☐ Yes. Describe			
42.	Interests in partnerships	or joint ventures		
	✓ No Yes. Describe Na	me of entity:	% of ownership:	
43.	Customer lists, mailing I	ists, or other compilations		
	✓ No ☐ Yes. Do your lists in ☐ No ☐ Yes Descri	clude personally identifiable information (a	s defined in 11 U.S.C. § 101(41A))?	

Deb	otor 1	Marcos	Middle News	Leyva	Case number (if known)	
4.4	Λnv	First Name	Middle Name	Last Name		
44.		•	property you did not a	iready list		
		No Yes. Give specific i	information.			
45.				om Part 5, including any e	entries for pages you have	\$0.00
Pá	art 6:			mercial Fishing-Rela farmland, list it in Part	ated Property You Own or Have a	n Interest In.
46.	Do y	ou own or have ar	ny legal or equitable i	nterest in any farm- or co	ommercial fishing-related property?	
		No. Go to Part 7. Yes. Go to line 47.				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
47.		n animals <i>mples:</i> Livestock, po	oultry, farm-raised fish			
	 ✓ N	No Yes	•			
48.	Crop	oseither growing	or harvested			
	Y	No Yes. Give specific information				
49.	Farm	n and fishing equip	ρment, implements, π	nachinery, fixtures, and to	ools of trade	
	☑ \	No Yes				
50.	Farm	n and fishing supp	olies, chemicals, and f	eed		
		No Yes				
51.	Any	farm- and commer	rcial fishing-related p	roperty you did not alread	dy list	
	Y	No Yes. Give specific information				
52.			•		entries for pages you have	\$0.00
Pa	art 7:	Describe All	Property You Ow	n or Have an Interes	st in That You Did Not List Above	!
53.			perty of any kind you ets, country club memb			
	☑ Y	No Yes. Give specific i	information.			
54.	Δdd	the dollar value of	f all of your entries fre	om Part 7. Write that num	ober here	\$0.00

Marcos Leyva Debtor 1 Case number (if known) _ First Name Middle Name Last Name Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2...... \$95,000.00 56. Part 2: Total vehicles, line 5 \$11,700.00 57. Part 3: Total personal and household items, line 15 \$3,600.00 58. Part 4: Total financial assets, line 36 \$6,633.00 59. Part 5: Total business-related property, line 45 \$0.00 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52

61. Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61.....

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$0.00

\$21,933.00

Copy personal

property total

\$21,933.00

\$116,933.00

	r case:			
cos	Leyva			
Name Middle Nar				
nces R Name Middle Nar	Leyva			
		-VAO		
cy Court for the: WESTE	RN DISTRICT OF TE	EXAS		Check if this is an
				amended filing
3C			_	
e Property You C	laim as Exemp	ot		04/16
sted on Schedule A/B: Pro and attach to this page as	operty (Official Form 106	6A/B) as your s	ource, list the property	that you claim as exempt. If more
Ilar amount as exempt. A ount of any applicable sta s, and tax-exempt retirema air market value under a	Alternatively, you may atutory limit. Some ex ent fundsmay be unli law that limits the exe	claim the full cemptionssudimited in dolla mption to a pa	air market value of t h as those for health r amount. However, rticular dollar amour	he property being naids, rights to if you claim an nt and the value of the
the Property You C	laim as Exempt			
	<u>.</u>			
ng state and federal nonba	ankruptcy exemptions.		9	
ou list on Schedule A/B t	that you claim as exen	npt, fill in the i	nformation below.	
	Current value of the portion you own	the portion you exemption you claim		c laws that allow exemption
	Copy the value from	Check only of	a hay far	
	Schedule A/B	each exempti		
		each exempti	on	0.5.500(3)(4)
Crystal City, TX 78839	\$95,000.00	each exempti	on <u>808.19</u> 11 U.S	.C. § 522(d)(1)
Crystal City, TX 78839		each exempti	308.19 11 U.S fair market	.C. § 522(d)(1)
Crystal City, TX 78839 1.1		**************************************	308.19 11 U.S fair market	.C. § 522(d)(1)
•	\$95,000.00	each exempti \$29, 100% of value, up applicab limit	308.19 11 U.S fair market to any e statutory	
•		each exempti \$29, 100% of value, up applicab limit \$100000000000000000000000000000000000	308.19 11 U.S fair market to any e statutory	.C. § 522(d)(1)
1.1	\$95,000.00	each exempti \$29, 100% of value, up applicab limit \$1100% of value, up applicab limit	308.19 fair market to any e statutory 11 U.S 10.00 fair market to any	
1.1	\$95,000.00	each exempti \$29, 100% of value, up applicab limit \$1100% of value, up applicab limit	308.19 11 U.S fair market to any e statutory 10.00 11 U.S fair market	
t – E (Leas roos room room room room room room roo	e Property You Courate as possible. If two mosted on Schedule A/B: Property You Courate as possible. If two mosted on Schedule A/B: Property You Courate and attach to this page as the number (if known). The you claim as exempt, and tax-exempt retirement air market value under a to exceed that amount, you the Property You Couptions are you claiming? The property You Couptions are you claiming? The graph of the property You Couptions are you claiming? The property You Couptions are you claiming? The property You Couptions are you claiming?	e Property You Claim as Exempt urate as possible. If two married people are filing sted on Schedule A/B: Property (Official Form 100 and attach to this page as many copies of Part 2 in number (if known). In you claim as exempt, you must specify the application of any applicable statutory limit. Some exist, and tax-exempt retirement funds-may be unlead in market value under a law that limits the exempt retirement funds would be exceed that amount, your exemption would be returned to exceed that amount, your exemption would be returned as the property You Claim as Exempt retirement funds. The property of the property exemptions. In U.S.C. § 522(b)(2) rou list on Schedule A/B that you claim as exempt reproperty and line on Current value of the portion you own	e Property You Claim as Exempt urate as possible. If two married people are filing together, both a sted on Schedule A/B: Property (Official Form 106A/B) as your so and attach to this page as many copies of Part 2: Additional Page number (if known). Intry you claim as exempt, you must specify the amount of the follar amount as exempt. Alternatively, you may claim the full fount of any applicable statutory limit. Some exemptions—suc and tax-exempt retirement funds—may be unlimited in dollar air market value under a law that limits the exemption to a page to exceed that amount, your exemption would be limited to the other than the property You Claim as Exempt The Property You Claim All You Claim as Exempt, fill in the interpretation of the Property Amount Of The Property Office Amount Office Amount Offic	toy Court for the: WESTERN DISTRICT OF TEXAS 6C e Property You Claim as Exempt urate as possible. If two married people are filing together, both are equally responsible sted on Schedule A/B: Property (Official Form 106A/B) as your source, list the property and attach to this page as many copies of Part 2: Additional Page as necessary. Or enumber (if known). Try you claim as exempt, you must specify the amount of the exemption you claim abiliar amount as exempt. Alternatively, you may claim the full fair market value of the ount of any applicable statutory limit. Some exemptions—such as those for healths, and tax-exempt retirement funds—may be unlimited in dollar amount. However, air market value under a law that limits the exemption to a particular dollar amount to exceed that amount, your exemption would be limited to the applicable statutor the Property You Claim as Exempt The Property You Claim as Exem

Debtor 1	Marcos		Leyva	Case number (if known)
	First Name	Middle Name	Last Name	

Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$100.00 \$0.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{Q}}$ 2007 Mitsubishi Eclipse does not run 100% of fair market (2nd exemption claimed for this asset) value, up to any applicable statutory Line from Schedule A/B: 3.1 limit Brief description: \$11,000.00 11 U.S.C. § 522(d)(2) \$3,775.00 $\overline{\mathbf{A}}$ 2010 Chevrolet Camaro 100% of fair market 2010 Chevy Camaro value, up to any (1st exemption claimed for this asset) applicable statutory limit Line from Schedule A/B: 3.2 Brief description: \$11,000.00 $\overline{\mathbf{A}}$ \$7,225.00 11 U.S.C. § 522(d)(5) 2010 Chevrolet Camaro 100% of fair market 2010 Chevy Camaro value, up to any (2nd exemption claimed for this asset) applicable statutory limit Line from Schedule A/B: 3.2 Brief description: \$100.00 11 U.S.C. § 522(d)(5) \$100.00 $oldsymbol{
abla}$ 2004 Toyota Tundra (Does not Run 100% of fair market Properly, Engine Skips and Needs Body value, up to any applicable statutory Work) limit Line from Schedule A/B: Brief description: \$500.00 \$500.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{A}}$ 1979 Chevy-Does not run 100% of fair market value, up to any Line from Schedule A/B: 3.4 applicable statutory limit Brief description: \$2,500.00 \$2,500.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{Q}}$ **Household Goods** 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$500.00 \$500.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{A}}$ electronics 100% of fair market value, up to any Line from Schedule A/B: 7 applicable statutory limit Brief description: \$500.00 \$500.00 11 U.S.C. § 522(d)(3) $\overline{\mathbf{A}}$ Clothing 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: 11 U.S.C. § 522(d)(4) \$100.00 \$100.00 $\overline{\mathbf{Q}}$ **Jewelry** 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit

Debtor 1	Marcos		Leyva	Case number (if known)
	First Name	Middle Name	Last Name	

Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$500.00 \$500.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{Q}}$ Security Service Federal Credit Union-100% of fair market **Checking Account** value, up to any applicable statutory Line from Schedule A/B: 17.1 limit Brief description: \$5.00 11 U.S.C. § 522(d)(5) \$5.00 \mathbf{V} Security Service Federal Credit Union-100% of fair market **Saving Account** value, up to any Line from Schedule A/B: 17.2 applicable statutory limit Brief description: \$3,328.00 11 U.S.C. § 522(d)(12) (Claimed: Pension plan TMRS 100% of fair market $\overline{\mathbf{Q}}$ value, up to any 100% of fair market value, up to any Line from Schedule A/B: 21 applicable statutory applicable statutory limit) limit Brief description: \$2,000.00 11 U.S.C. § 522(d)(12) (Claimed: 401(k) or similar plan 100% of fair market 100% $\overline{\mathbf{V}}$ value, up to any 100% of fair market value, up to any Line from Schedule A/B: 21 applicable statutory applicable statutory limit) limit Brief description: \$800.00 \$800.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{A}}$ 2016 tax refund 100% of fair market value, up to any Line from Schedule A/B: 28 applicable statutory limit 11 U.S.C. § 522(d)(7) (Claimed: Brief description: Unknown **Debtor's Term Life Insurance** 100% of fair market 100% value, up to any 100% of fair market value, up to any Line from Schedule A/B: 31 applicable statutory applicable statutory limit) limit Brief description: Unknown 11 U.S.C. § 522(d)(7) (Claimed: **Debtor's Accidental Death Life Insurance** 100% of fair market 100% $\overline{\mathbf{V}}$ 100% of fair market value, up to any value, up to any Line from Schedule A/B: applicable statutory applicable statutory limit) limit

Fill in this info	ormation to iden	tify your case	:			
Debtor 1	Marcos First Name	Middle Name	Leyva Last Name			
Debtor 2	Frances	R	_			
(Spouse, if filing)		Middle Name	Leyva Last Name			
United States Bar	nkruptcy Court for the:	WESTERN DI	STRICT OF TEXAS			
Case number						
(if known)					Check if this is amended filing	
Official Form	106D				amonada min	9
		a Hava Cla	sima Caaurad by	, Droporty		40/45
Schedule D:	Creditors wr	io Have Cia	aims Secured by	Property		12/15
correct informatio On the top of any 1. Do any credit No. Chee Yes. Fill Part 1: Lis 2. List all secure	n. If more space is r additional pages, wr ors have claims sec	needed, copy the ite your name as ured by your protest this form to the on below. ims or has more than	court with your other school	out, number the entri vn).	es, and attach it to thi	s form.
creditor has a	particular claim, list the ible, list the claims in	ne other creditors	in Part 2. As	Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion
2.1		Describe the secures the	e property that	\$65,691.81	\$95,000.00	
Ocwen Loan Sei	rvicing LLC		bb Street, Crystal			
Creditor's name Attn: Bankruptc	y Department	City, TX 78				
Number Street 1661 Worthingto	on Rd. Suite 100					
		As of the da	ite you file, the claim is:	Check all that apply.		
West Palm Beac City	State ZIP Code	Unliquid	ated			
Who owes the deb	ot? Check one.	Nature of lie	en. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only		_	ement you made (such as		car loan)	
Debtor 1 and D	ebtor 2 only	_	y lien (such as tax lien, m nt lien from a lawsuit	nechanic's lien)		
At least one of	the debtors and anoth	ner 🔽 Other (ir	cluding a right to offset)			
Check if this community		Conve	ntional Real Estate M	ortgage		
Date debt was inc	urred 03/2003	Last 4 digits	s of account number	7 2 9 5		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$65,691.81

Debtor 1	Marcos		Leyva	_ Case number (if	known)	
	First Name	Middle Nar	me Last Name			
Part 1:		_	this page, number them ous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2			Describe the property that secures the claim:	\$10,860.00	\$10,860.00	
Creditor's nam Attn: Bank	an Servicing re kruptcy Depa reet		316 E. Webb Street, Crystal City, TX 78839			
	hington Rd.	Suite 100	As of the date you file, the claim is:	Check all that apply.		
West Palm Beach FL 33409 City State ZIP Code Who owes the debt? Check one.			Unliquidated Disputed Nature of lien. Check all that apply.			
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates		otors and another	□ An agreement you made (such as		car loan)	
	nmunity debt as incurred	Various	Last 4 digits of account number	7 2 9 5		
2.3	D		Describe the property that secures the claim:	\$2,785.00	\$2,785.00	
Zavala CA Creditor's nam c/o Lineba Number Str Sampsom	reet Goggar	n Blair &	316 E. Webb Street, Crystal City, TX			
	ro, Suite 300)	As of the date you file, the claim is:	Check all that apply.		
San Anton City	_	78205	☐ Contingent ☐ Unliquidated ☐ Disputed			
Debtor 1 Debtor 2 Debtor 1 Debtor 1 Debtor 1 Check i	2 only 1 and Debtor 2 one of the deb f this claim re	only otors and another	Nature of lien. Check all that apply. ☐ An agreement you made (such as ☐ Statutory lien (such as tax lien, m ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) Property Taxes	s mortgage or secured	car loan)	
	nmunity debt as incurred		Last 4 digits of account number	6 1 1 0		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$13,645.00

6 1 1 0

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$79,336.81

Fill in this information to identify your case:								
Debtor 1	Marcos		Leyva					
	First Name	Middle Name	Last Name					
Debtor 2	Frances	R	Leyva					
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bar	nkruptcy Court for the							
Case number					Check if this is an			
(if known)					amended filing			

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1.	Do any creditors	s have priority	/ unsecured	claims a	gainst you?

✓ No. Go to Part 2.

✓ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim Priority Nonpriority amount amount

Debtor 1	Marcos First Name	Middle Name	Leyva Last Name		Case number	r (if known)	
Part 2:	List All of	Your NONPRIORI	TY Unsecured Cla	aims			
3. Do a	ny creditors have	nonpriority unsecure	d claims against you	?			
	No. You have noth Yes	ning to report in this par	rt. Submit this form to	the court with yo	our other sch	edules.	
		rity unsecured claims	s in the alphabetical of	order of the cre	ditor who h	olds each claim	ı .
type	of claim it is. Do no	' '	cluded in Part 1. If mo	re than one cred	ditor holds a	particular claim,	laim listed, identify what list the other creditors in
							Total claim
4.1							\$0.00
Capital C	One, N.a. Creditor's Name		Last 4 digits of ac		1 1	<u>4</u> <u>6</u>	
Capital C	One Bank (USA)	N.A.	When was the del		05/2005		
Number PO Box :	Street 30285		As of the date you	ı file, the claim	is: Check a	II that apply.	
			☐ Contingent ☐ Unliquidated				
Salt Lake	o City I	IT 9/120	Disputed				
Salt Lake City		JT 84130 State ZIP Code	Type of NONPRIC	RITY unsecure	ed claim:		
		Check one.	☐ Student loans	and and an a	ou olulli.		
ш	r 1 only		Obligations ari	sing out of a se	paration agre	eement or divorce	е
ш	r 2 only r 1 and Debtor 2 or	nly	•	t report as prior	•		
ك	st one of the debto	•	= ~ ~	•	ring plans, ar	nd other similar d	lebts
_	k if this claim is fo	r a community debt	Other. Specify Credit Card	/			
_	m subject to offse		Orcan Gara				
√ No	,						
Yes							
4.2							
							\$0.00
Capital C	One, N.a. Creditor's Name		Last 4 digits of ac		0 5	<u>6</u> <u>6</u>	
_ ' ' -	One Bank (USA)	N.A.	When was the de	ot incurred?	08/2010		
Number PO Box 3	Street		As of the date you	ı file, the claim	is: Check a	II that apply.	
FO BOX .	30203						
			— ☐ Disputed				
Salt Lake		JT 84130 State ZIP Code	_ _				
City Who incu i		Check one.	Type of NONPRIC	RITY unsecure	ed claim:		
	r 1 only		Student loans	sing out of a se	naration agre	eement or divorce	•
_	r 2 only			of report as prior		sement of divorce	5
	r 1 and Debtor 2 or	nly	•		•	nd other similar d	lebts
_	st one of the debto		Other. Specify	1			
_		r a community debt	Credit Card				
	m subject to offse	et?					
☑ No □ Yes							

Debtor 1	btor 1 Marcos		Leyva	Case number (if known)
	Firet Name	Middle Name	Lact Name	

Part 2: Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number them previous page.	sequentially from the	Total claim
4.3		\$0.00
Chase	Last 4 digits of account number 9 2 9 4	
Nonpriority Creditor's Name P.o. Box 15298	When was the debt incurred? 07/2007	
Number Street	As of the date you file, the claim is: Check all that apply.	
-	☐ Contingent ☐ Unliquidated	
	☐ Disputed	
Wilmington DE 19850 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?		
☑ No		
Yes		
4.4		\$0.00
Citibank Usa	Last 4 digits of account number 3 5 3 7	
Nonpriority Creditor's Name CITICORP CREDIT SERVICES/ATTN: CENTRA	When was the debt incurred? 05/2006	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 20507	Contingent	
	☐ Unliquidated ☐ Disputed	
Kansas City MO 64195 City State ZIP Code	<u> </u>	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	Other. Specify Charge Account	
Is the claim subject to offset?	5.1.d. go / 1555d.11.	
☑ No		
Yes		
4.5		\$0.00
Com Med Crdt	Last 4 digits of account number 2 8 8 8	
Nonpriority Creditor's Name	When was the debt incurred?	
9846 Lorene Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
San Antonio TX 78216	_ Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Unknown Loan Type	
✓ No		
Yes		

Debtor 1 Marcos Leyva Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.6 \$0.00 **Credit One Bank** Last 4 digits of account number <u>3</u> <u>0</u> <u>2</u> <u>5</u> Nonpriority Creditor's Name When was the debt incurred? 09/2006 Po Box 98875 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed ΝV Las Vegas 89193 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes П \$0.00 Last 4 digits of account number **Dsnb Macys** 3 7 2 0 Nonpriority Creditor's Name When was the debt incurred? 02/2009 9111 Duke Blvd As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Mason OH 45040 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Charge Account Is the claim subject to offset? **☑** No ☐ Yes 4.8 \$0.00 Gemb/chevron Last 4 digits of account number 5 7 7 5 Nonpriority Creditor's Name When was the debt incurred? 10/22/2007 Attention: Bankruptcy Street As of the date you file, the claim is: Check all that apply. Number PO Box 105968 Contingent Unliquidated Disputed 30353 **Atlanta** GA City 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt **Charge Account**

✓ No ☐ Yes

Is the claim subject to offset?

Debtor 1 Marcos Leyva Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.9 \$0.00 Gemb/JC Penny Last 4 digits of account number 7 6 2 5 Nonpriority Creditor's Name When was the debt incurred? 07/2007 Attention: Bankruptcy Number Street As of the date you file, the claim is: Check all that apply. PO Box 103104 ☐ Contingent Unliquidated Disputed Roswell GA 30076 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Charge Account** Is the claim subject to offset? **☑** No Yes П 4.10 \$0.00 Last 4 digits of account number Gemb/walmart Nonpriority Creditor's Name When was the debt incurred? 09/2010 Po Box 981400 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed El Paso TX 79998 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Charge Account Is the claim subject to offset? **☑** No ☐ Yes 4.11 \$0.00 **Hsbc Bank** Last 4 digits of account number 0 5 0 4 Nonpriority Creditor's Name When was the debt incurred? 03/2007 **ATTN: BANKRUPTCY** As of the date you file, the claim is: Check all that apply. Street Number **PO BOX 5213** Contingent Unliquidated Disputed **Carol Stream** IL 60197 State 7IP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt **Credit Card**

✓ No ☐ Yes

Is the claim subject to offset?

	Marcos	Leyva	Case number (if known)
Debiori	Maroo	Loyva	Case number (ii known)

First Name Middle Name	Last Name	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number their previous page.	m sequentially from the	Total claim
4.12		\$0.00
Hsbc Nv	Last 4 digits of account number 2 8 1 1	Ψ0.00
Nonpriority Creditor's Name	When was the debt incurred? 12/2007	
Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street PO Box 5895	_ ☐ Contingent	
	Unliquidated	
Carol Stream IL 60197	Disputed	
Carol Stream IL 60197 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
	✓ Other. Specify Credit Card	
Is the claim subject to offset?	Credit Card	
✓ No Yes		
4.13		\$0.00
Internal Revenue Service Nonpriority Creditor's Name	_ Last 4 digits of account number	
P.O. Box 7346	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	Disputed	
Philadelphia PA 19101 City State ZIP Code	-	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt	Income Taxes	
Is the claim subject to offset? ☑ No ☐ Yes		
4.14		\$0.00
Medi Comm Services	Last 4 digits of account number 2 7 9 7	
Nonpriority Creditor's Name 5139 69th St	When was the debt incurred? 10/2005	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Lubbock TX 79424	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Collection Attorney	
Is the claim subject to offset?		
✓ No Yes		

Debtor 1 Marcos Leyva Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.15 \$0.00 Sarma Coll Last 4 digits of account number 0 0 6 2 Nonpriority Creditor's Name When was the debt incurred? 02/2010 1801 Broadway St As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed San Antonio TX 78215 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Collection Attorney** Is the claim subject to offset? **☑** No Yes П 4.16 \$0.00 Last 4 digits of account number Security Fin 7 7 2 0 Nonpriority Creditor's Name When was the debt incurred? 03/01/2002 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. PO Box 1893 Contingent Unliquidated Disputed SC 29304 Spartanburg City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Secured Is the claim subject to offset? **☑** No ☐ Yes 4.17 \$0.00 Security Service Fcu Last 4 digits of account number 0 0 2 0 Nonpriority Creditor's Name When was the debt incurred? 09/07/2010 16211 La Cantera Pkwy As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed San Antonio TX 78256 City State **ZIP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ Check if this claim is for a community debt Unsecured Is the claim subject to offset?

✓ No ☐ Yes

Debtor 1 Marcos			Leyva		
	First Name	Middle Name	Last Name		
Part 2:	Your NON	PRIORITY Unsecu	red Claims Conti	nuation Page	
After listing		this page, number the	em sequentially from the		Total claim
4.18					\$21,600.00
Soila Lara			Last 4 digits of accor	unt number	
Nonpriority Cr	editor's Name		When was the debt in	ncurred?	
	Street		Contingent Unliquidated	e, the claim is: Check all that apply.	
Crystal Ci	ty	TX 78839	Disputed		
☐ Debtor ☐ Debtor ☐ Debtor ☐ Debtor ☐ At least	1 only 2 only 1 and Debtor 2 o one of the debto	•	that you did not re	TY unsecured claim: g out of a separation agreement or divorce port as priority claims or profit-sharing plans, and other similar debts	

Is the claim subject to offset?

✓ No ☐ Yes

Debtor 1	Marcos		Leyva	Case number (if known)	
	First Name	Middle Name	Last Name		_

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nom runt i	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 🖣	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$21,600.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$21,600.00

	n this inf	ormation to i	dentify your case):			
D-64-							
Debto	r 1	Marcos		Leyva			
		First Name	Middle Name	Last Name			
Debto	r 2	Frances	R	Leyva			
(Spou	se, if filing)	First Name	Middle Name	Last Name			
Unite	d States Ba	nkruptcy Court fo	or the: WESTERN DI	STRICT OF TEXA	s		
Case	number						
(if kno					•	Check if this is an amended filing	
Offici	al Form	106G					
Sche	dula G	· Evecutor	y Contracts an	d Unevnired	1 02000		12/15
00110	duic O	. Excoutory		a Olicapii ca	LCUSCS		12/10
correct	informatio	on. If more spac	e is needed, copy the	additional page, fil	together, both are equally		
correct On the	information top of any you have No. Che	on. If more space additional page any executory c	e is needed, copy the s, write your name an contracts or unexpired tile this form with the co	e additional page, fil nd case number (if k d leases? ourt with your other so	I it out, number the entries (nown).	, and attach it to this page	
correct On the 1. Do \tilde{\sqrt{2}}	information top of any o you have No. Che Yes. Fill st separate for (for example)	and executory of the line and of the information and of the information and person of the line and line a	e is needed, copy the s, write your name and contracts or unexpired the this form with the commation below even if the company with who cle lease, cell phone)	e additional page, filed case number (if keeper decays) decays and leases? Down with your other some contracts or lease to many you have the corticle.	I it out, number the entries, nown).	else to report on this form. Property (Official Form 100) what each contract or lease	6A/B). se
correct On the 1. Do \tilde{\sqrt{2}}	you have No. Che Yes. Fill St separate for (for exa	any executory of the informal of the informal page. If we can be compared to the informal of the informal executory of th	e is needed, copy the s, write your name and contracts or unexpired the this form with the commation below even if the company with who cle lease, cell phone)	e additional page, filed case number (if lend case number (if lend cases? Ourt with your other some contracts or lease on you have the cort.). See the instruction	I it out, number the entries, nown). Chedules. You have nothing are listed on Schedule A/B. Attract or lease. Then state	else to report on this form. Property (Official Form 100) what each contract or lead on booklet for more example	6A/B). se
Correct On the 1. Do	you have No. Che Yes. Fill St separate for (for exa	any executory of the informal of the informal page. If we can be company with we company with we can be company with we can be company with we can be can be company with we can be company with we can be can be can be company with we can be can be can be company with we can be can	e is needed, copy the s, write your name and contracts or unexpired the this form with the commation below even if the company with who cle lease, cell phone) ired leases.	e additional page, filed case number (if lend case number (if lend cases? Ourt with your other some contracts or lease on you have the cort.). See the instruction	I it out, number the entries, nown). Chedules. You have nothing a are listed on Schedule A/B. Atract or lease. Then state a for this form in the instruction.	else to report on this form. Property (Official Form 100) what each contract or lead on booklet for more example	6A/B). se
correct On the	information top of any you have No. Che Yes. Fill st separate for (for exa	any executory of the informal of the informal page. If more space and executory of the informal of the informal executory of the informal executory of the informal executor	e is needed, copy the s, write your name and contracts or unexpired the this form with the commation below even if the company with who cle lease, cell phone) ired leases.	e additional page, filed case number (if lend case number (if lend cases? Ourt with your other some contracts or lease on you have the cort.). See the instruction	I it out, number the entries, snown). Chedules. You have nothing a are listed on Schedule A/B. Attract or lease. Then state a for this form in the instruction. State what the contract	else to report on this form. Property (Official Form 100) what each contract or lead on booklet for more exampled or lease is for	6A/B). se

e Arizona, California, Ida o. Go to line 3. es. Did your spouse, fo No Yes In which community Frances R Leyva	tho, Louisiana, Nevada, rmer spouse, or legal ed state or territory did you omer spouse, or legal equiv	New Mexico, Puerto Rid quivalent live with you at a live? Texas	the time? Fill in the name and current address of that person.
the last 8 years, have Arizona, California, Ida o. Go to line 3. es. Did your spouse, fo Yes In which community Frances R Leyva Name of your spouse, fo 316 East Webb St	Tho, Louisiana, Nevada, rmer spouse, or legal ed state or territory did you	New Mexico, Puerto Ricquivalent live with you at I live?	co, Texas, Washington, and Wisconsin.) the time?
the last 8 years, have Arizona, California, Ida o. Go to line 3. es. Did your spouse, fo Yes In which community Frances R Leyva Name of your spouse, fo	Tho, Louisiana, Nevada, rmer spouse, or legal ed state or territory did you	New Mexico, Puerto Ricquivalent live with you at I live?	co, Texas, Washington, and Wisconsin.) the time?
the last 8 years, have Arizona, California, Ida o. Go to line 3. es. Did your spouse, fo No Yes In which community	rho, Louisiana, Nevada, rmer spouse, or legal ed	New Mexico, Puerto Rid	co, Texas, Washington, and Wisconsin.) the time?
the last 8 years, have Arizona, California, Ida o. Go to line 3. es. Did your spouse, fo No Yes	rho, Louisiana, Nevada, rmer spouse, or legal ed	New Mexico, Puerto Rid	co, Texas, Washington, and Wisconsin.) the time?
the last 8 years, have Arizona, California, Ida o. Go to line 3. es. Did your spouse, fo No	iho, Louisiana, Nevada,	, New Mexico, Puerto Rio	co, Texas, Washington, and Wisconsin.)
the last 8 years, have Arizona, California, Ida o. Go to line 3.	iho, Louisiana, Nevada,	, New Mexico, Puerto Rio	co, Texas, Washington, and Wisconsin.)
the last 8 years, have Arizona, California, Ida	•		
the last 8 years, have	•		
es			
0			
u have any codebtors?	(If you are filing a joi	nt case, do not list either	spouse as a codebtor.)
d people are filing toge	ether, both are equally	responsible for supply	ring correct information. If more space is
le H: Your Cod	ebtors		
Form 106H			
			☐ Check if this is an amended filing
	or the: WESTERN DIS	STRICT OF TEXAS	
-			
Frances	R	Leyva	
Marcos First Name	Middle Name	Leyva Last Name	
	First Name Frances First Name Frances First Name Attes Bankruptcy Court for the second 106H Ie H: Your Cod are people or entities of the people are filing togethe Additional Page the top of any Additional the top of any Additional page the top of any Codebtors?	First Name Frances First Name Middle Name Frances R Middle Name Mestres Bankruptcy Court for the: WESTERN DIS M	First Name Middle Name Last Name Frances R Leyva filling) First Name Middle Name Last Name Attes Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS ber Form 106H Ie H: Your Codebtors are people or entities who are also liable for any debts you may had be people are filling together, both are equally responsible for supply py the Additional Page, fill it out, and number the entries in the box he top of any Additional Pages, write your name and case number (a have any codebtors? (If you are filling a joint case, do not list either

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this inform	mation to ic	lentify your case:							
Debtor 1	Marcos		Leyva						
	First Name	Middle Name	Last Name	Э		Che	eck if this is:		
Debtor 2	Frances	R	Leyva				An amended filing		
(Spouse, if filing)	First Name	Middle Name	Last Name				A supplement showing	n nostne	tition
United States Bank	cruptcy Court for	or the: WESTERN D	ISTRICT OF TE	EXAS		$- \Box$	chapter 13 income as		
Case number (if known)							MM / DD / YYYY		-
Official Form 1	061								
Schedule I: Yo	our Incom	е							12/15
include information a about your spouse. I your name and case	about your spo If more space	nformation. If you are buse. If you are separ is needed, attach a se bwn). Answer every c	ated and your spearate sheet to	ouse i	s not f	iling with y	ou, do not include inf	ormatio	1
Fill in your empl information.	oyment		Debtor 1				Debtor 2 or non-fili	na snou	se
If you have more		-						ng spou	30
job, attach a sepa with information a	arato pago	Employment status	✓ Employed✓ Not emplo	ved			✓ Employed✓ Not employed		
additional employ	ers.	0		you			_ ` ` ′		
Include next time		Occupation	Gager				Clerk		
Include part-time, or self-employed		Employer's name	Lewis Petro	Proper	ties		Crystal City		
Occupation may i	include	Employer's address	PO Box 180				200 E. Uvalde St.	Ste #1	0
student or homen applies.	naker, if it		Number Street				Number Street		
			Fractional		TV	70040	Organial Office	TV	70000
			Encinal City		TX State	78019 Zip Code	_ Crystal City City	TX State	78839 Zip Code
					Otato	p	·	Ciaio	p
		How long employed the	nere? <u>3 Yea</u>	rs		-	5 Months		_
Part 2: Give	Details Abo	ut Monthly Incom	е						
Estimate monthly inc	ome as of the	date you file this form	n. If you have no	thina to	report	for any line	write \$0 in the space.	Include	vour
non-filing spouse unle			,	9		,	, 🕶		,
If you or your non-filing you need more space,		more than one employ rate sheet to this form.	er, combine the in	ıformati	on for a	all employe	rs for that person on the	e lines be	elow. If
					For D	ebtor 1	For Debtor 2 or non-filing spouse	_	
		ary, and commissions monthly, calculate what		2. e	\$	57,375.00	\$1,993.00		
3. Estimate and lis	t monthly ove	rtime pay.		3. 🖡		\$0.00	\$0.00		
4. Calculate gross	income. Add	line 2 + line 3.		4.	9	7,375.00	\$1,993.00		

Deb	tor 1	Marcos		Leyva		Case n	umbe	r (if knov	wn)		
		First Name	Middle Name	Last Name	Fo	or Debtor 1		or Debt	or 2 or g spouse	<u>. </u>	
	Сор	y line 4 here			4.	\$7,375.00		\$1,9	993.00	_	
5.		all payroll dec									
			e, and Social Security de		5a	\$1,341.00			171.00		
		•	ontributions for retiremen	•	5b	\$0.00 \$369.00		<u></u>	\$0.00		
		•	ntributions for retiremen ayments of retirement fu	•	5c. 5d.	\$0.00			\$0.00		
		Insurance	ayments of retirement to	nu iodns	5u. 5e.	\$246.00		\$2	292.00		
	5f.		port obligations		5f.	\$0.00			\$0.00		
		Union dues	port oungunone		5g.	\$0.00			\$0.00		
	5h.	Other deducti	ions.						•		
		Specify:			5h. +	\$0.00		-	\$0.00		
6.	Add 5g +	l the payroll de · 5h.	eductions. Add lines 5a	+ 5b + 5c + 5d + 5e + 5f +	6.	\$1,956.00		\$6	<u>603.00</u>		
7.	Calc	culate total mo	nthly take-home pay.	Subtract line 6 from line 4.	7.	\$5,419.00		\$1,3	390.00		
8.			me regularly received:								
	8a.		om rental property and to ression, or farm	rom operating a	8a.	\$0.00			\$0.00		
		gross receipts	ment for each property an , ordinary and necessary l nly net income.	· ·							
	8b.	Interest and o	dividends		8b.	\$0.00			\$0.00		
	8c.		ort payments that you, a gularly receive	non-filing spouse, or a	8c.	\$0.00			\$0.00		
			ny, spousal support, child ment, and property settlem								
	8d.	Unemployme	nt compensation		8d.	\$0.00			\$0.00		
	8e.	Social Securi	ty		8e.	\$0.00			\$0.00		
	8f.	Other govern	ment assistance that you	u regularly receive	•						
		cash assistan	assistance and the value (ce that you receive, such a er the Supplemental Nutriti psidies.	as food stamps							
		Specify:			8f.	\$0.00			\$0.00		
	8g.	· · · —	etirement income		- 8g.	\$0.00			\$0.00		
	8h.	Other monthly	y income.		٠.	75355			+		
		Specify:			_ ^{8h.} + .	\$0.00			\$0.00		
9.	Add	all other inco	me. Add lines 8a + 8b + 8	3c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00			\$0.00		
10.			income. Add line 7 + lin	e 9. ebtor 2 or non-filing spouse.	10.	\$5,419.00]+[\$1,	390.00	=[\$6,809.00
11.	Stat Inclu	e all other reg	ular contributions to the	expenses that you list in S ner, members of your househ			our ro	ommate	s, and otl	her	
	Do r	not include any	amounts already included	in lines 2-10 or amounts tha	it are not	available to pay	expe	enses lis	ted in Sc	hed	ule J.
	Spe	cify:							_ 11.	+	\$0.00
12.	inco			10 to the amount in line 11. of Your Assets and Liabilities					12.		\$6,809.00 Combined monthly income
13.	Doy	ou expect an	increase or decrease wi	thin the year after you file t	his form	?					•
		No.	None.	<u> </u>							
		Yes. Explain:									

G	Fill in this inforn	nation to ide	ntify your case:						
	Debtor 1	Marcos		Leyv	2	l	eck if this	s is: ended filing	
	Debior I	First Name	Middle Name	Last Na				lement showing	postpetition
	Debtor 2	Frances	R	Leyv	а	"	chapte	r 13 expenses a	
	(Spouse, if filing)	First Name	Middle Name	Last Na			followir	ng date:	
	United States Bankı	ruptcy Court for t	the: WESTERN I	DISTRICT OF	TEXAS		MM / D	D / YYYY	_
	Case number (if known)								
0	fficial Form 10	<u>)6J</u>							
S	chedule J: Yo	our Expens	ses						12/15
co na	rrect information. I me and case numb	f more space is	needed, attach an Answer every quest	other sheet to	ling together, both a this form. On the to				
1.	Is this a joint cas	e?							
2.	No	Debtor 2 live in a s. Debtor 2 mus endents?	☐ No ☑ Yes. Fill out thi	06J-2, Expenses information	es for Separate House Dependent's relati Debtor 1 or Debto	ionshi		2. Dependent's age	Does dependent live with you?
	Debtor 2.		for each dependent		Daughter			ugo	□ No
	Do not state the denames.	ependents'			Daughter				Yes No Yes No Yes Yes
3.	Do your expense expenses of peol yourself and you	ple other than	☑ No □ Yes						No Yes No Yes Yes
			going Monthly E	-					
to		of a date after	the bankruptcy is f	-	are using this form a a supplemental Sche			-	
	clude expenses paid ch assistance and l				u know the value of icial Form 106l.)			Your expens	ses
4.			xpenses for your rond any rent for the g				4	4	\$890.00
	If not included in	line 4:							
	4a. Real estate ta	axes					4	4a	
	4b. Property, hor	neowner's, or rei	nter's insurance				4	4b	\$109.00
	4c. Home mainte	enance, repair, a	nd upkeep expense	S			4	4c	\$255.00
	4d. Homeowner's	s association or	condominium dues				4	4d.	

Debtor 1	Marcos		Leyva	Case number (if known)	
	First Name	Middle Name	Last Name		

			<u>Y</u>	our expenses
5.	Additional mortgage payments for your residence, such as ho	ome equity loans	5.	
6.	Utilities:			
	6a. Electricity, heat, natural gas		6a.	\$350.00
	6b. Water, sewer, garbage collection		6b.	\$120.00
	6c. Telephone, cell phone, Internet, satellite, and cable services		6c.	\$200.00
	6d. Other. Specify: Cell/Cable		6d.	\$430.00
7.	Food and housekeeping supplies		7.	\$935.00
8.	Childcare and children's education costs		8.	
9.	Clothing, laundry, and dry cleaning (S	See continuation sheet(s) for details)	9.	\$300.00
10.	Personal care products and services		10.	\$100.00
11.	Medical and dental expenses		11.	\$287.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.		12.	\$300.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books		13.	\$100.00
14.	Charitable contributions and religious donations		14.	\$60.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in li	nes 4 or 20.	4.5	***
	15a. Life insurance		15a.	\$64.00
	15b. Health insurance		15b.	
	15c. Vehicle insurance		15c.	\$292.00
16	15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or include	ad in lines 4 or 20	15d.	
	Specify:		16.	
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1		17a.	\$450.00
	17b. Car payments for Vehicle 2		17b.	
	17c. Other. Specify:		17c.	
	17d. Other. Specify:		17d.	
18.	our payments of alimony, maintenance, and support that you did not report as leducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		18.	
19.	Other payments you make to support others who do not live Specify:	with you.	19.	

Deb	tor 1	Marcos		Leyva	Cas	se number (if knowr	n)
		First Name	Middle Name	Last Name			
20.		er real property expe edule I: Your Income		n lines 4 or 5 of this form o	or on		
	20a.	Mortgages on othe	r property			20a.	
	20b.	Real estate taxes				20b.	
	20c.	Property, homeowr	ner's, or renter's insura	ance		20c.	
	20d.	Maintenance, repa	ir, and upkeep expens	ses		20d.	
	20e.	Homeowner's asso	ciation or condominiu	m dues		20e.	
21.	Othe	er. Specify: See co	ontinuation sheet			^{21.} •	¥440.00
22.	Calc	ulate your monthly	expenses.				
	22a.	Add lines 4 through	n 21.			22a.	\$5,682.00
	22b.	Copy line 22 (mont	thly expenses for Deb	tor 2), if any, from Official F	orm 106J-2.	22b.	
	22c.	Add line 22a and 2	2b. The result is your	monthly expenses.		22c.	\$5,682.00
23.	Calc	ulate your monthly	net income.			_	
	23a.	Copy line 12 (your	combined monthly inc	come) from Schedule I.		23a.	\$6,809.00
	23b.	Copy your monthly	expenses from line 2	2c above.		23b. _	\$5,682.00
	23c.		thly expenses from yo nonthly net income.	ur monthly income.		23c.	\$1,127.00
24.	Do y	ou expect an increa	se or decrease in yo	our expenses within the ye	ear after you file thi	is form?	
			, , ,	your car loan within the yea modification to the terms of	, , ,	your mortgage	
	$\overline{\mathbf{V}}$	No.					
		Yes. Explain here:					

Deb	btor 1 Marcos		Leyva Case number		wn)
	First Name	Middle Name	Last Name	·	
9.		d dry cleaning (details):			
	clothing				\$200.00
	dry cleaning				\$100.00
				Total:	\$300.00
21.	Other. Specify:				
	Band instrument				\$65.00
	PO Box				\$10.00
	miscellaneous				\$75.00
	pet food				\$50.00
	food on the road m	r Mr. Leyva			\$240.00
				Total:	\$440.00

Debtor 1	Marcos First Name	Middle Name	Leyva Last Name	_	
Debtor 2	Frances	R	Leyva		
(Spouse, if filing)		Middle Name	Last Name	-	
United States Ba	nkruptcy Court fo	or the: WESTERN DIS	STRICT OF TEXAS	-	
Case number (if known)				Check if amende	this is an d filing
Official Form	106Sum				
Summary of	f Your Asse	ets and Liabilit	ies and Certain Sta	tistical Information	12/1
orrect information chedules after you	on. Fill out all of	your schedules first; inal forms, you must f	then complete the informati	, both are equally responsible for on this form. If you are filing check the box at the top of this p	amended
Sahadula A/D	Drananti (Officia	ol Form 106 A/D)			Your assets Value of what you own
	3: Property (Officia	,	/D		\$95,000.00
та. Соруште	e 55, Total feal es	state, from Schedule Av	/B		
1b. Copy line	e 62, Total persor	nal property, from Sche	dule A/B		\$21,933.00
1c. Copy line	e 63, Total of all p	property on Schedule A	/B		\$116,933.00
Part 2: Su	mmarize You	r Liabilities			
					Your liabilities Amount you owe
		,	Property (Official Form 106D) f claim, at the bottom of the last) st page of Part 1 of Schedule D	\$79,336.81
			s (Official Form 106E/F) ured claims) from line 6e of Sc	hedule E/F	\$0.00
	e total claims from	າ Part 2 (nonpriority uns	secured claims) from line 6j of	Schedule E/F	¥21,600.00
3b. Copy the					
3b. Copy the				Your total liabilities	\$100,936.81
	mmarize You	r Income and Exp	enses	Your total liabilities	<u>\$100,936.81</u>
Part 3: Su	our Income (Offic	cial Form 106I)		Your total liabilities	

Debtor 1		Marcos		Leyva	Case number (if known)	
		First Name	Middle Name	Last Name		
Pa	art 4:	Answer Th	ese Questions fo	r Administrative an	d Statistical Records	
6.	Are y	ou filing for bank	ruptcy under Chapter	rs 7, 11, or 13?		
	_	No. You have notl Yes	ning to report on this pa	art of the form. Check thi	s box and submit this form to the court with y	our other schedules.
7.	What	kind of debt do y	ou have?			
	_	•	•		those "incurred by an individual primarily for -9g for statistical purposes. 28 U.S.C. § 159	•
	_		ot primarily consumer urt with your other sche		g to report on this part of the form. Check the	s box and submit
8.				<i>ly Income:</i> Copy your tot Line 11: OR. Form 1220	al current monthly income from -1 Line 14.	\$8,295.00

Total claim

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:									
9a. Domestic support obligations. (Copy line 6a.)	\$0.00								
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00								
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00								
9d. Student loans. (Copy line 6f.)	\$0.00								
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00								
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00								
9g. Total. Add lines 9a through 9f.	\$0.00								

Fill in this inf	ormation to i	dentify your case	:		
Debtor 1	Marcos		Leyva		
	First Name	Middle Name	Last Name		
Debtor 2	Frances	R	Leyva		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court fo	r the: WESTERN DIS	STRICT OF TEXAS		
Case number				п	Check if this is an
(if known)				J	amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone who	is NOT an attorney to help you fill out bar	skruptcy forms?
☑ No		
Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I hat true and correct.	ave read the summary and schedules filed	with this declaration and that they are
X /s/ Marcos Leyva	X /s/ Frances R Leyva	
Marcos Leyva, Debtor 1	Frances R Leyva, Debtor 2	
Date 11/04/2016 MM / DD / YYYY	Date 11/04/2016 MM / DD / YYYY	

F	ll in this inf	ormation to ic	lentify your case	et		
De	ebtor 1	Marcos First Name	Middle Name	Leyva Last Name		
	ebtor 2 pouse, if filing)	Frances First Name	R Middle Name	Leyva Last Name		
Ur	nited States Bar	nkruptcy Court for	the: WESTERN DI	STRICT OF TEXAS		
	ase number known)				☐ Check if t amended	
Of	ficial Form	107				
			Affairs for Inc	lividuals Filing	for Bankruptcy	04/16
you	r name and ca	se number (if kn	own). Answer every	•	form. On the top of any additional pag	
1.	What is your ✓ Married ☐ Not marrie	current marital s	tatus?			
2.	☑ No		•	other than where you livers. Do not include whether		
3.	(Community p				t in a community property state or terr Louisiana, Nevada, New Mexico, Puerto	=
	□ No ☑ Yes. Mak	e sure you fill out	Schedule H: Your Co	odebtors (Official Form 1	06H).	

		Marcos First Name	Middle Name	Leyva Last Name	Case nur	mber (if known)	
Pa	art 2:	_	e Sources of Yo				
4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.							endar years?
	□ No ☑ Ye	s. Fill in the det	ails.				
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
From January 1 of the current year until the date you filed for bankruptcy:		Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips			
				Operating a business		Operating a business	
		calendar year: o December 31,		☐ Wages, commissions, bonuses, tips☐ Operating a business		☐ Wages, commissions, bonuses, tips☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2014)		✓ Wages, commissions, bonuses, tips☐ Operating a business	\$89,126.00	✓ Wages, commissions, bonuses, tips☐ Operating a business			
5.	Include unemp	e income regardl loyment; and oth mbling and lotte	ess of whether that in her public benefit pay	ments; pensions; rental inc	s of other income are ome; interest; dividend	alimony; child support; Socia ds; money collected from law eceived together, list it only c	suits; royalties;
	List ea	ch source and th	ne gross income from	n each source separately. C	Oo not include income	that you listed in line 4.	
	☑ No	s. Fill in the det	ails.				

		М	arcos		Leyva	Case number (if known)				
		Fir	st Name	Middle Name	Last Name	·				
Pá	art 3:		List Ce	tain Payments You M	ade Before You Filed for E	Bankruptcy				
6.	Are ei	ther	Debtor 1	's or Debtor 2's debts prim	narily consumer debts?					
	□ No	Ο.		her Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as urred by an individual primarily for a personal, family, or household purpose."						
			During th	e 90 days before you filed fo	or bankruptcy, did you pay any cre	ditor a total of \$6,425* or more?				
			□ No. 0	So to line 7.						
			_	total amount you paid that ci	reditor. Do not include payments t	r more in one or more payments and the for domestic support obligations, such as an attorney for this bankruptcy case.				
			* Subject	to adjustment on 4/01/19 ar	nd every 3 years after that for case	es filed on or after the date of adjustment.				
	√ Y∈	es.	Debtor 1	or Debtor 2 or both have p	orimarily consumer debts.					
			During th	e 90 days before you filed fo	or bankruptcy, did you pay any cre	ditor a total of \$600 or more?				
			☑ No. (Go to line 7.						
			_	creditor. Do not include pay		nore and the total amount you paid that ations, such as child support and alimony. cy case.				
7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; a agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic such as child support and alimony.					ners; partnerships of which you are a general partner; % or more of their voting securities; and any managing					
	✓ No		_ist all pa	yments to an insider.						
3.		-	ear befor an inside	• • •	did you make any payments or	transfer any property on account of a debt that				
	Include	e pa	yments o	n debts guaranteed or cosigr	ned by an insider.					
	✓ No		_ist all pa	ments that benefited an insi	ider.					
Pa	art 4:		dentify	Legal Actions, Repos	ssessions, and Foreclosur	es				
).	Within List all	1 y suc	ear befor	e you filed for bankruptcy,	were you a party in any lawsuit	t, court action, or administrative proceeding? es, collection suits, paternity actions, support or custody				
	✓ No		Fill in the	details.						

Deb	tor 1	Marcos		Leyva	Case number (if k	nown)	
		First Name	Middle Name	Last Name			
10.	seized,	or levied?			perty repossessed, foreclose	d, garnished, attach	ed,
	Check a	all that apply and fill	in the details be	low.			
	⋈ No.	Go to line 11.					
	Yes	s. Fill in the informa	tion below.				
11.				uptcy, did any creditor, ii o make a payment becaus	ncluding a bank or financial in se you owed a debt?	stitution, set off any	′
	I ✓I No						
	سکا	. Fill in the details.					
12.			-	otcy, was any of your pro ustodian, or another offic	perty in the possession of an ial?	assignee for the be	nefit of
	√ No						
	Yes	;					
P	art 5:	List Certain (Gifts and Cor	ntributions			
13.	Within	2 years before you	ı filed for bankrı	uptcy, did you give any g	fts with a total value of more t	than \$600 per perso	n?
	☑ No						
		s. Fill in the details	for each gift.				
11				intov. did voji givo any g	ifts or contributions with a tot	al value of more tha	n \$600
14.	I. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?						
	☑ No						
	ب	s. Fill in the details	for each gift or c	ontribution.			
P	art 6:	List Certain L	_osses				
15.		1 year before you t isaster, or gamblir	-	otcy or since you filed for	bankruptcy, did you lose any	thing because of th	eft, fire,
	□ No						
	✓ No ☐ Yes	. Fill in the details.					
P	art 7:	List Certain F	Payments or	Transfers			
16.				ptcy, did you or anyone e nkruptcy or preparing a b	Ise acting on your behalf pay	or transfer any prop	perty to
		-	_		ing agencies for services require	ed for your bankrupto	cy.
	_	. Fill in the details.					
				Description and value of	of any property transferred	Date payment	Amount of
	di McLe on Who W	eod Law Office /as Paid		-		or transfer was made	payment
		y Ridge Rd Ste.	214	_		11/03/2016	\$310.00
Num	ber Str	eet		_			
Sar	n Antoni	io TX	78230				
City		State	ZIP Code	-			
Ema	il or websit	e address		-			
Pers	on Who M	lade the Payment, if No	ot You	-			

Deb	tor 1	Marcos		Leyva	Case number (if kr	nown)	
		First Name	Middle Name	Last Name			
	ergreen	Credit Counselir	ng	Description and value of any	property transferred	Date payment or transfer was made	Amount of payment
						11/3/2016	\$40.00
Num	ber Str	eet		•			
							_
City		State	ZIP Code	•			
Ema	il or websi	te address					
Pers	on Who M	lade the Payment, if No	t You	•			
17.		-	-	otcy, did you or anyone else a ith your creditors or to make			perty to
	Do not	include any paymen	t or transfer that	you listed on line 16.			
	✓ No	s. Fill in the details.					
18.		•		uptcy, did you sell, trade, or ot se of your business or financi		perty to anyone, ot	her than
		•		made as security (such as grar ave already listed on this staten	•	r mortgage on your	property).
	✓ No	s. Fill in the details.					
19.				ruptcy, did you transfer any pr called asset-protection devices.	• •	ust or similar devic	e of which
	✓ No ☐ Yes	s. Fill in the details.					
P	art 8:	List Certain F	inancial Acc	ounts, Instruments, Safe	Deposit Boxes, and	Storage Units	
20.		1 year before you f , closed, sold, mov	-	otcy, were any financial accou ed?	nts or instruments held in	n your name, or for	your
			•	or other financial accounts; certificiations, and other financial insti	·	banks, credit unior	s, brokerage
	✓ No ☐ Yes	s. Fill in the details.					
21.	-	now have, or did y urities, cash, or otl		1 year before you filed for bar	nkruptcy, any safe deposi	t box or other depo	ository
	✓ No ☐ Yes	s. Fill in the details.					

Del	otor 1	Marcos		Leyva	Case number (if known)
		First Name	Middle Name	Last Name	
22.		ou stored property	y in a storage unit o	r place other than yo	ur home within 1 year before you filed for bankruptcy?
		s. Fill in the details			
		Lilandika Basa	(V - -	- O() (O	Flag
P	art 9:	identity Prop	perty You Hold o	r Control for Son	neone Eise
23.	-	hold or control ar		neone else owns? In	clude any property you borrowed from, are storing for,
	✓ No ☐ Yes	s. Fill in the details			
Р	art 10:	Give Details	About Environm	nental Information	1
For	the purp	oose of Part 10, th	e following definitio	ns apply:	
	hazardoı	us or toxic substa	nce, wastes, or mate	erial into the air, land	ulation concerning pollution, contamination, releases of l, soil, surface water, groundwater, or other medium, ubstances, wastes, or material.
		•		s defined under any ncluding disposal sit	environmental law, whether you now own, operate, or es.
				onmental law defines taminant, or similar i	as a hazardous waste, hazardous substance, toxic tem.
Rep	oort all n	otices, releases, a	and proceedings tha	t you know about, re	gardless of when they occurred.
24.	Has an law?	y governmental u	nit notified you that	you may be liable or	potentially liable under or in violation of an environmental
	✓ No	s. Fill in the details			
25.	Have y	ou notified any go	vernmental unit of a	ny release of hazard	ous material?
	✓ No □ Yes	s. Fill in the details			
26.	Have you		any judicial or adm	inistrative proceedin	g under any environmental law? Include settlements and
	✓ No ☐ Yes	s. Fill in the details			

Deb	tor 1	Marcos		eyva		Case number (if known)
		First Name	Middle Name La	st Name		
P	art 11:	Give Details	About Your Business	or Co	nnections to An	y Business
27.	Within busine		ı filed for bankruptcy, did	you own	a business or have	any of the following connections to any
		A member of a lin A partner in a par An officer, directo	or self-employed in a trade, nited liability company (LLC tnership or, or managing executive of ast 5% of the voting or equit) or limite a corpor	ed liability partnership	
			e applies. Go to Part 12. ply above and fill in the deta	ails belov	v for each business.	
28.			ı filed for bankruptcy, did creditors, or other parties.		a financial stateme	ent to anyone about your business? Include
	□ No □ Yes	s. Fill in the details	below.			
P	art 12:	Sign Below				
that pro	answer	s are true and cor	rect. I understand that ma on with a bankruptcy case	ıking a fa	alse statement, con	, and I declare under penalty of perjury cealing property, or obtaining money or 50,000, or imprisonment for up to 20 years,
x /	s/ Marc	os Leyva	х	/s/ Frai	nces R Leyva	
-		eyva, Debtor 1			R Leyva, Debtor 2	
[Date _	11/04/2016		Date _	11/04/2016	
Did	you atta	nch additional page	es to Your Statement of Fil	nancial A	Affairs for Individua	ls Filing for Bankruptcy (Official Form 107)?
ت	No Yes					
Did	you pay	or agree to pay so	omeone who is not an atto	rney to	help you fill out ban	kruptcy forms?
	No Yes. Na	ame of person				Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS SAN ANTONIO DIVISION

In re Marcos Leyva Case No. Frances R Leyva

	•	C	Chapter	13
	DISCLOSURE O	F COMPENSATION OF ATTORNE	EY FOR	DEBTOR
1.	that compensation paid to me within	ed. Bankr. P. 2016(b), I certify that I am the attended by the petition in banks on behalf of the debtor(s) in contemplation of or	ruptcy, or a	agreed to be paid to me, for
	For legal services, I have agreed to a	ccept	\$3	3,600.00
	Prior to the filing of this statement I ha	ve received		\$310.00
	Balance Due		\$3	3,290.00
2.	The source of the compensation paid	to me was:		
	✓ Debtor	Other (specify)		
3.	The source of compensation to be pa	id to me is:		
	✓ Debtor	Other (specify)		
4.	☑ I have not agreed to share the all associates of my law firm.	pove-disclosed compensation with any other pe	erson unle	ss they are members and
		e-disclosed compensation with another person y of the agreement, together with a list of the na		
5.	In return for the above-disclosed fee,	I have agreed to render legal service for all asp	pects of the	e bankruptcy case, including:
		tuation and randaring advisa to the debter in a	lotormini	a whathar to file a patitic - i-

- 5
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

32030 (Form	2030)	((12/15)	١
---------	------	-------	---	---------	---

6.	By agreement with the debtor(s)	, the above-disclosed fee does not include the following services:	

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/04/2016 /s/ Heidi McLeod

Date Heidi McLeod Bar No. 13764700

Heidi McLeod Law Office 3201 Cherry Ridge Rd Ste C 300 San Antonio, Texas 78230

Phone: (210) 853-0092 / Fax: (210) 853-0129

/s/ Marcos Leyva	/s/ Frances R Leyva
Marcos Lovva	Frances P Levya

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS SAN ANTONIO DIVISION

IN RE: Marcos Leyva Frances R Leyva

CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

	The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her
knowl	edge.

Date	11/4/2016	Signature	/s/ Marcos Leyva Marcos Leyva
Date	11/4/2016		/s/ Frances R Leyva Frances R Levva

Capital One, N.a.
Capital One Bank (USA) N.A.
PO Box 30285
Salt Lake City, UT 84130

Chase P.o. Box 15298 Wilmington, DE 19850

Citibank Usa
CITICORP CREDIT SERVICES/ATTN: CENTRALIZ
PO Box 20507
Kansas City, MO 64195

Com Med Crdt 9846 Lorene San Antonio, TX 78216

Credit One Bank Po Box 98875 Las Vegas, NV 89193

Dsnb Macys 9111 Duke Blvd Mason, OH 45040

Gemb/chevron Attention: Bankruptcy PO Box 105968 Atlanta, GA 30353

Gemb/JC Penny
Attention: Bankruptcy
PO Box 103104
Roswell, GA 30076

Gemb/walmart Po Box 981400 El Paso, TX 79998 Heidi McLeod Law Office, PLLC 3355 Cherry Ridge, Ste. 214 San Antonio, TX 78230

Hsbc Bank ATTN: BANKRUPTCY PO BOX 5213 Carol Stream, IL 60197

Hsbc Nv HSBC PO Box 5895 Carol Stream, IL 60197

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101

Medi Comm Services 5139 69th St Lubbock, TX 79424

Ocwen Loan Servicing LLC Attn: Bankruptcy Department 1661 Worthington Rd. Suite 100 West Palm Beach, FL 33409

Sarma Coll 1801 Broadway St San Antonio, TX 78215

Security Fin
Attn: Bankruptcy
PO Box 1893
Spartanburg, SC 29304

Security Service Fcu 16211 La Cantera Pkwy San Antonio, TX 78256 Soila Lara PO Box 181 Crystal City, TX 78839

Soila Lara PO Box 181 Crystal City, TX 78839

Zavala CAD c/o Linebarger Goggan Blair & Sampsom, LLP 711 Navarro, Suite 300 San Antonio, TX 78205

Fill in this	information to i	dontify your ea	201			Check as	directed in lines 17	7 and 21:
	mormation to I	dentify your cas	se:					
Debtor 1	Marcos		Ley	/va		_	the calculations require	d by this
	First Name	Middle Name	Last	Name		Statement:		
Debtor 2	Frances	R	Lev	/va		1. Disposa	ble income is not deterr	nined
(Spouse, if filir		Middle Name		Name		under 1	1 U.S.C. § 1325(b)(3).	
United States	Bankruptcy Court fo	or the: WESTERN [DISTRICT	OF TEXAS	<u>s</u>		ble income is determine 1 U.S.C. § 1325(b)(3).	ed .
Casa numbar						3 The con	nmitment period is 3 yea	ers
Case number (if known)	-				-	110	•	
						4. The con	nmitment period is 5 yea	
Official For	m 122C-1					☐ Check if t	his is an amended filing	
		of Your Curre		thly Inc	come			12
and Calcu	lation of Cor	nmitment Pe	rioa					12/
Part 1:	Calculate Your	Average Monthl	y Income)				
. What is yo	ur marital and filin	g status? Check on	e only.					
☐ Not m	narried. Fill out Colu	ımn A, lines 2-11.						
 Marrio	ed. Fill out both Col	lumns A and B, lines	2-11.					
bankruptc August 31. in the resul	y case. 11 U.S.C. If the amount of your t. Do not include an	§ 101(10A). For exacute monthly income v	mple, if you aried during ore than on	are filing on the file of the	on Septemb ths, add the ample, if bo	er 15, the 6-mont e income for all 6 th spouses own t	months before you file th period would be Marc months and divide the the he same rental property e space.	h 1 through total by 6. Fil
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
_	s wages, salary, tip payroll deductions).	os, bonuses, overtir	ne, and co	mmissions		\$7,375.00	\$920.00	
. Alimony a	nd maintenance pa	nyments. Do not inc	clude payme	ents from a	spouse.	\$0.00	\$0.00	
expenses regular cor your depen	of you or your deportributions from an undertised parents, and	e which are regularl endents, including inmarried partner, me roommates. Do not ents you listed on line	child supp embers of y include pa	ort. Include our househ	old,	\$0.00	\$0.00	
. Net incom	e from operating a	business, professi	on, or farm	1				
		Debtor 1	Dek	otor 2				
Gross rece	ipts (before all	\$0.0	<u> </u>	\$0.00	-			
	nd necessary operat	ting – \$0.0	00	\$0.00				
•	y income from a bus	siness. \$0.0	00	\$0.00	Copy here ->	\$0.00	\$0.00	

profession, or farm

Deb	tor 1	Marcos		Leyva		ase number (if kı	nown)	
		First Name	Middle Name L	_ast Name				
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
6.	Net	income from rental and	other real property					
			Debtor 1	Debtor 2				
		ss receipts (before all uctions)	\$0.00	\$0.00	-			
		nary and necessary oper enses	rating – \$0.00	90.00	- Copy			
		monthly income from ren r real property	tal or \$0.00	90.00		\$0.00	\$0.00	
7.	Inte	rest, dividends, and roy	alties			\$0.00	\$0.00	
8.	Une	mployment compensat	ion			\$0.00	\$0.00	
		not enter the amount if your fit under the Social Section						
	F	or you		\$0	.00			
	F	or your spouse		\$0	.00			
9.		sion or retirement incor a benefit under the Socia	•	amount received that	t	\$0.00	\$0.00	
11.	Total Calc	I amounts from separate sulate your total average lines 2 through 10 for ean add the total for Column	pages, if any. e monthly income. ch column.		+ 	\$7,375.00	+ + \$920.00	\$8,295.00 Total average monthly income
P:	art 2	Determine Hov	v to Measure Your	Deductions fro	m Income	<u>.</u>		•
								\$8,295.00
	•	y your total average mo culate the marital adjust	•	e 11				Ψο,Σσο.σο
		You are not married. Fi You are married and you You are married and you Fill in the amount of the of you or your depender than you or your depende Below, specify the basis necessary, list additional	Il in 0 below. ur spouse is filing with y ur spouse is not filing wi income listed in line 11. nts, such as payment of dents. for excluding this incor al adjustments on a separ	th you. , Column B, that was the spouse's tax liab me and the amount o arate page.	ility or the s	pouse's support o	of someone other	
		Total				\$0.00 Copy	/ here →	\$0.00
14.	You	r current monthly incor	ne. Subtract the total ir	n line 13 from line 12.				\$8,295.00

Deb	otor 1		arcos rst Name	Middle Name	Leyva Last Name	Cas	e number (if known)		
15	Calc			nt monthly income for the		etane.			
10.			-	•	•				\$8,295.00
	15a.	·	•	_				_	
		Mul	tiply line 15a	by 12 (the number of mont	ths in a year).			X	
	15b.	The	result is you	ur current monthly income for	or the year for this pa	art of the form			\$99,540.00
16.	Calc	ulate	the median	family income that applie	s to you. Follow the	ese steps:			
	16a.	Fill	in the state in	n which you live.	T	exas			
	16b.	Fill	in the numbe	er of people in your househouse	old	4			
	16c.	To f	find a list of a	n family income for your sta applicable median income a his form. This list may also	amounts, go online u	sing the link spec			\$75,885.00
17.	How	do th	ne lines com	pare?					
	17a.			•		-	check box 1, <i>Disposable inco</i> our Disposable Income (Office		
	17b.		11 U.S.C. §		and fill out Calculat	ion of Your Dispo	2, Disposable income is dete osable Income (Official Form e.		
P	art 3		Calculate	Your Commitment P	eriod Under 11	U.S.C. § 1325(b)(4)		
18.	Cop	y you	r total avera	ge monthly income from	line 11				\$8,295.00
19.	that	calcul	ating the cor	justment if it applies. If yn mitment period under 11 U unt from line 13.			ng with you, and you contend ct part of your spouse's		
	19a.	If th	e marital adj	ustment does not apply, fill	in 0 on line 19a				\$0.00
	19b.	Sub	otract line 19	9a from line 18.					\$8,295.00
20.	Calc	ulate	your curren	t monthly income for the	year. Follow these	steps:			
	20a.	Cop	y line 19b						\$8,295.00
		Mul	tiply by 12 (tl	he number of months in a y	rear).			X	12
	20b.	The	result is you	ur current monthly income for	or the year for this pa	art of the form.		L	\$99,540.00
	20c.	Cop	by the media	n family income for your sta	ate and size of house	ehold from line 16	D	[\$75,885.00
21.	How	do th	ne lines com	pare?					
				nan line 20c. Unless otherw commitment period is 3 year	•	ourt, on the top of	page 1 of this form,		
				than or equal to line 20c. Uk box 4, <i>The commitment p</i>		•	on the top of page 1		

btor 1	Marcos		Leyva	Case number (if known)
	First Name	Middle Name	Last Name	
art 4:	Sign Below	ı		
D			land that the Cotania Co.	
by sigi	ning nere, under p	enalty of perjury I decl	lare that the information	on this statement and in any attachments is true and correct.
, ,		enalty of perjury I deci	are that the information	on this statement and in any attachments is true and correct.X /s/ Frances R Leyva
χ <u>/s/</u>	Marcos Leyva rcos Leyva, Debto		are that the information	·
X <u>/s/</u> Ma	Marcos Leyva		are that the information	X /s/ Frances R Leyva Frances R Leyva, Debtor 2
X <u>/s/</u> Ma	Marcos Leyva	or 1	are that the information	χ /s/ Frances R Leyva

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:								
Debtor 1	Marcos		Leyva					
	First Name	Middle Name	Last Name					
Debtor 2	Frances	R	Leyva					
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS								
Case number (if known)								

Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,509.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age					
7a. Out-of-pocket health care allowance per person	\$54.00				
7b. Number of people who are under 65	x4	Сору			
7c. Subtotal. Multiply line 7a by line 7b.	\$216.00	here -	\$216.00		
People who are 65 years of age or older					
7d. Out-of-pocket health care allowance per person	\$130.00				
7e. Number of people who are 65 or older	х	Сору			
7f. Subtotal. Multiply line 7d by line 7e.	\$0.00	here -	+\$0.00	Сору	
7g. Total. Add lines 7c and 7f			\$216.00	here →	\$216.00

Debto	r 1	Marcos		Leyva		Cas	e number (if known)		
		First Name	Middle Name	Last Na	ame				
Loca	al Sta	andards	You must use the IRS	Local Stand	ards to answer tl	ne questions	in lines 8-15.		
			rom the IRS, the U.S. To	ustee Progi	ram has divided	I the IRS Loc	al Standard for hou	sing	
		_	s Insurance and oper s Mortgage or rent ex		ses				
the I	ink s		ns in lines 8-9, use the lesseparate instructions to ce.					ng	
8.			ies Insurance and ope ount listed for your county				eople you entered in	line 5,	\$580.00
9.	Hou	sing and utiliti	ies Mortgage or rent e	expenses:					
	9a.	-	nber of people you entere y for mortgage or rent exp		ll in the dollar an	nount listed	\$682.00		
	9b.	Total average your home.	monthly payment for all r	mortgages ar	nd other debts se	ecured by			
		contractually of	ne total average monthly due to each secured cred lext divide by 60.						
		Name of the	creditor		Average month payment	aly			
		Ocwen Loar	Servicing LLC		\$1,094.86				
				+				Repeat this	
		9b. Total aver	rage monthly payment		\$1,094.86	Copy here →	- \$1,094.86	amount on line 33a.	
	9c.	Net mortgage	or rent expense.	•					
			b (total average monthly If this number is less th			gage or	\$0.00	Copy here	\$0.00
10.			ne U.S. Trustee Progran					ct	
	Exp why								
11.	Loc	al transportation O. Go to line 1	on expenses: Check the	number of v	vehicles for whic	h you claim a	n ownership or opera	ting expense.	
	H	1. Go to line 1							
	$\overline{\mathbf{Q}}$	2 or more. Go							
12.	Veh	icle operation	expense: Using the IRS	Local Stand	lards and the nu	mber of vehic	les for which you clai	m the	\$440.00

operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

Debtor 1	Marcos		Leyva	Case number (if known)
	First Name	Middle Name	Last Name	

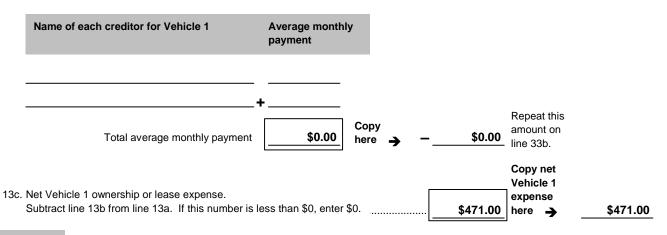
13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1:

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.



Vehicle 2 Describe Vehicle 2:

- 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthl payment	у			
Total average monthly payment	\$0.00	Copy here →	\$0.00	Repeat this amount on line 33c.	
. Net Vehicle 2 ownership or lease expense. Subtract line 13e from 13d. If this number is less the	nan \$0, enter \$0.		\$471.00	Copy net Vehicle 2 expense here	\$471.00

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$0.00

13f.

Debto			eyva	Cas	e number (if known)		
	First Name	Middle Name La	ast Name				
	=				11 and if you claim that you may	\$0.00	
		nsportation expense, you ma IRS Local Standard for Pub			propriate expense, but you may		
			·				
Othe	r Necessary Expenses	In addition to the experience following IRS categor		listed above, you	are allowed your monthly expense	es for the	
16.	Taxes: The total month	ly amount that you actually	pay for federal, s	tate and local taxe	es, such as income taxes, self-	\$1,512.00	
					onthly amount withheld from		
		 However, if you expect to er from the total monthly ame 			ide the expected refund by 12		
	Do not include real esta	-	.				
17.	17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions,						
	union dues, and uniform			, , ,	,	\$140.00	
	Do not include amounts	that are not required by you	ır job, such as vo	luntary 401(k) cor	tributions or payroll savings.		
					ance. If two married people are	\$67.00	
		ayments that you make for your of some state on your of the second secon			s's life incurance, or for any		
	form of life insurance ot		dependents, for a	i non-ming spouse	es life insurance, or for any		
19	Court-ordered navmen	ts: The total monthly amou	int that you hav a	as required by the	order of a court or administrative	\$0.00	
		al or child support payments		io roquirod by the	order or a court or administrative	Ψ0.00	
	Do not include payments	s on past due obligations fo	r spousal or child	support. You will	list these obligations in line 35.		
20.	Education: The total me	onthly amount that you pay	for education tha	t is either required	l:	\$0.00	
	as a condition for you	•	dont obild if no n	ublic advaction is	available for similar carviage		
21		, ,	•		available for similar services.	\$0.00	
	21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.						
22.	Additional health care	expenses, excluding insu	rance costs: The	e monthly amount	that you pay for health care that	\$51.00	
					rsed by insurance or paid by a		
	•	Include only the amount th urance or health savings ac					
	•	_		•		£ 67.00	
					y for telecommunication services long distance, or business cell	+\$67.00	
	phone service, to the ex	tent necessary for your hea	-		ndents or for the production		
		mbursed by your employer.	internet and call	nhono convice. F	no not include calf amplayment		
		e reported on line 5 of Offici			o not include self-employment upreviously deducted.		
24.	Add all of the expense	s allowed under the IRS ex	rpense allowand	ces.			
	Add lines 6 through 23.		-			\$5,524.00	
Addi	tional Expense Deduct	ions These are addition	onal deductions	allowed by the Me	ans Test.		
	·			e allowances listed			
25.		•	_	-	e monthly expenses for health		
	insurance, disability insuspouse, or your dependent	urance, and health savings a	accounts that are	reasonably neces	ssary for yourself, your		
		ciito.	4500.00				
	Health insurance		\$538.00				
	Disability insurance		\$0.00				
	Health savings account	+	\$0.00				
	Total		\$538.00	Copy total here	→	\$538.00	
	Do you actually spend th	nis total amount?					
	☐ No. How much do	you actually spend?					
	✓ Yes						
		ns to the care of household	•			\$0.00	
		he reasonable and necessa old or member of your imme					
	-	contributions to an account of	•		•		

Debto	Marcos Leyva Case number (if known) First Name Middle Name Last Name						
	Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential.		\$0.00				
	Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.						
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.						
	You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.						
	b. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.						
	* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.						
30.	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.						
	To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.						
	You must show that the additional amount claimed is reasonable and necessary.						
	Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).	+_	\$60.00				
	Do not include any amount more than 15% of your gross monthly income.						
32.	Add all of the additional expense deductions. Add lines 25 though 31.		\$598.00				

or 1	Marcos		Leyva	Case nun	nber (if known)	
	First Name	Middle Name	Last Name		, , ,	
ductio	ns for Debt Payme	ent				
		ured by an interest i red debt, fill in lines		wn, including home mo	ortgages, vehicle	
		verage monthly paym I file for bankruptcy.	•	at are contractually due	to each secured credit	or in
					rage monthly nent	
	Mortgages on y	our home				
33a.	Copy line 9b here	e			\$1,094.86	
	Loans on your f	irst two vehicles				
33b.	Copy line 13b he	re		→ _	\$0.00	
33c.	Copy line 13e he	re			\$0.00	
33d.	List other secure	d debts:				
	e of each creditor r secured debt		entify property that cures the debt	Does payment include taxes or insurance?		
Zava	ala CAD	31	6 E. Webb Street, C	rystal (\$61.96	
				—— ☐ No ☐ Yes —		

□ No □ Yes

Copy total

here -

\$1,156.82

\$1,156.82

	\Box	No. Yes.		int that you must pay to a creditor, your property (called the cure amo					
Nan	ne of	the cr	editor	Identify property that secures the debt	Total cure amount		Monthly cure amount		
Oct	wen	Loan	Servicing LLC	316 E. Webb Street, Crysta	\$10,860.00	÷ 60 =	\$181.00		
						÷ 60 =			
_						÷ 60 = .	-	_	
						Total	\$181.00	Copy total here	\$181.00
35.	alin	•	hat are past due	laimssuch as a priority tax, che as of the filing date of your bar	• • •				
	\Box	No. Yes.		amount of all of these priority claiming priority claims, such as those y					
			Total amount of	all past-due priority claims			\$3,600.00	÷ 60 =	\$60.00

33e. Total average monthly payment. Add lines 33a through 33d......

necessary for your support or the support of your dependents?

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property

Debto	r 1	Marcos		Leyva	Case	number (if known)		
		First Name	Middle Name	Last Name				
36.	Proje	ected monthly Cha	pter 13 plan payment			\$431.00		
	Office	e of the United Stat	ur district as stated on the les Courts (for districts in a for United States Trustees	Alabama and North	Carolina) or			
	speci		nultipliers that includes yo e instructions for this form office.	. •	•	x <u>10</u> 9	%	
	Avera	age monthly admin	istrative expense			\$43.10	Copy total here	\$43.10
37.		all of the deductio	ns for debt payment. 6.					\$1,440.92
Tota	al Ded	luctions from Inco	me					
38.	Add	all of the allowed	deductions.					
	Copy	line 24, All of the	expenses allowed under l	RS expense allowa	ances	\$5,524.00		
		·	' additional expense deduc	•		\$598.00		
		•	deductions for debt payme			\$1,440.92		
							Copy total	47.500.00
	Total	deductions				\$7,562.92	here →	\$7,562.92
		.	/ D ' - - -	11 . 1 44		\ (a)		
Par			our Disposable Inc		•)(2)		
39.		-	t monthly income from I rent Monthly Income and					\$8,295.00
40.	The r disab you r	monthly average of bility payments for a received in accorda	necessary income you re any child support paymer a dependent child, reporte nce with applicable nonba be expended for such ch	nts, foster care pay d in Part 1 of Form ankruptcy law to the	ments, or 122C-1, that	dren.		
41.	your plans	employer withheld to s, as specified in 11	ement deductions. The from wages as contributio U.S.C. § 541(b)(7) plus as specified in 11 U.S.C. §	ns for qualified reti all required repaym	rement	\$369.00		
42.			allowed under 11 U.S.C			\$7,562.92		
43.	expe circu	nses and you have mstances and their	circumstances. If special no reasonable alternative expenses. You must give all circumstances and doc	e, describe the spe e your case trustee	cial a detailed			
	Des	scribe the special	circumstances	Amount of	expense			
	_							
				T	Сору			
				Total	\$0.00 here →	+\$0.00		

Debtor	1	Marco First Nar	_	Middle Name	Leyva Last Name	Case nur	mber (if known)		
44.	Total	adjustn	nents.	Add lines 40 through 43	3		\$7,931.92	Copy here	\$7,931.92
45.	Calcu	late you	ur mont	hly disposable income	e under § 1325(b)(2). S	Subtract line 44 from lir	ne 39.		\$363.08
Part	3:	Cha	nge in	Income or Expen	ses				
į	virtual inform	ly certai ation be in the se	n to cha	ange after the date you to or example, if the wages	me in Form 122C-1 or the filed your bankruptcy pet a reported increased afte wages increased, fill in v	tition and during the tirer you filed your petition	ne your case wil n, check 122C-1	I be open, in the firs	fill in the t column, enter
	Forn	n	Line	Reason for change		Date of cha	_	rease or crease?	Amount of change
	ш	122C-1 122C-2		_			📙	Increase	·
		122C-2 122C-1						Decrease Increase	•
	ш	122C-2					—— <u> </u>	Decrease	
	ш	122C-1						Increase	
		122C-2						Decrease	
	ш	122C-1 122C-2					H	Increase Decrease	
Dort	7.	۰	Dala						
	By sig	ning he	re, unde	er penalty of perjury you	declare that the informa	tion on this statement X /s/ Frances R Frances R Leyv	Leyva	chments is	true and correct.
	Da		4/2016			Date 11/4/201			
		1/1//	/ DD / \	/VVV		MM / DD	/ VVVV		